

Traditional and Safety Net Provider as Primary Care Physician Report Calendar Year 2000

Section 12693.37 of the California Insurance Code requires the Managed Risk Medical Insurance Board (MRMIB) to contract with a wide range of health plans to provide subscribers a choice among a *"reasonable number and types of competing health plans."* In selecting health plans, MRMIB is instructed to take reasonable steps to assure that the range of choices available to each subscriber includes plans that 1) have signed contracts with Traditional and Safety Net (TSN) providers and 2) have included these providers in their networks. The California Insurance Code further requires plans to submit to MRMIB an annual report on the number of subscribers who selected TSN providers as their primary care physician during the previous calendar year. This report summarizes the information provided by participating health plans for subscribers enrolled during calendar year 2000.

BACKGROUND

MRMIB has defined TSN providers as providers who belong to at least one category of providers who have historically served uninsured children. The definition was the result of extensive public discourse on how best to define TSN providers of the HFP eligible population. The three categories of providers are defined in the California Code of Regulations, Section 2699.6805 as:

- 1) Providers, except clinical laboratories, participating in the Child Health Disability Prevention (CHDP) Program that provided service to an uninsured child.
- 2) Clinics, including community clinics, free clinics, rural health clinics, and county owned and operated clinics that provided service to at least one child enrolled in the Medi-Cal program.

- 3) Hospitals designated by the Department of Health Services as a "disproportionate share hospital", university teaching hospitals, children's hospitals, and county owned and operated general acute care hospitals.

Each year a list of TSN providers is generated using this definition. The primary use of the list is to designate a "Community Provider Plan" (CPP) in each county. The CPP is the health plan in each county that has done the best job of including TSN providers in its provider network. Subscribers who select the CPP are offered a premium discount of \$3 per child per month. This discount reflects policy makers' interest in providing an incentive for subscribers to give special consideration to the health plan with the highest percentage of TSN providers in its network.

Exhibit A presents the current CPP designations for the highest scoring health plans participating in the HFP in each county.

REPORT METHODOLOGY

Consistent with the provisions of California Insurance Code Section 12693.37, MRMIB requested all HFP health plans to report the number of HFP children who had a TSN provider as their primary care physician during calendar year 2000 and to indicate whether the TSN primary care physician was assigned by the health plan or selected by the applicant or subscriber.

MRMIB linked health plan data with data collected from the original applications to add information related to ethnicity and geographic location of the subscribers, and the primary language of the applicant (usually a parent).

Results in this report *under-report* the involvement of TSN providers in serving HFP children. For example, Blue Cross - EPO contracts with many TSN providers, yet because they do not use a primary care physician model for delivery of services, they are excluded from this report. Kaiser Permanente did not submit any data on the use of TSN providers. These two plans represented approximately 28 percent of the total HFP enrollment during the reporting period.

Additionally, TSN providers in any health plan may provide services beyond those of a primary care physician to HFP children. These activities are not captured in this report.

FINDINGS

HFP Subscribers with a TSN Primary Care Physician

Twenty-two plans that participated in the HFP, and used a primary care provider to coordinate children's health care needs, provided data to MRMIB.

Table 1 presents the percentage of subscribers, by health plan, that had TSN providers as their primary care physician for calendar years 2000 and 1999.

HFP children enrolled in plans using a primary care physician model and had TSN providers as their primary care physician increased to 54 percent, a 3 percent increase over the 51 percent rate achieved in 1999, and an 16 percent increase over the 38 percent rate achieved during 1998.

Table 1

Health Plan	Type	2000	1999
Alameda Alliance	LI	84%	60%
Blue Cross - HMO	C	41%	78%
Blue Shield - HMO	C	14%	18%
CalOptima	COHS	51%	64%
Central Coast Alliance	COHS	79%	69%
Community Health Group	C	84%	96%
Community Health Plan	C	69%	61%
Contra Costa Health	LI	75%	100%
Health Net	C	43%	17%
Health Plan of San Joaquin	LI	89%	84%
Health Plan of San Mateo	COHS	95%	100%
Inland Empire Health Plan	LI	72%	37%
Kern Health Systems	LI	100%	100%
LA Care	LI	51%	37%
Molina	C	91%	84%

Santa Barbara RHA	COHS	92%	99%
Santa Clara Family Health	LI	86%	76%
San Francisco Health Plan	LI	100%	100%
Sharp Health Plan	C	77%	43%
UHP Health	C	74%	43%
Universal Care	C	79%	79%
Ventura County Health Sys	C	93%	97%
Total Program		54%	51%

LI = Local Initiative C = Commercial Plan
COHS = County Organized Health System

The range varied from 100 percent for Health Plan of San Francisco and Kern Family Health Systems to a low of 14 percent for Blue Shield HMO.

The health plan average was 76 percent. The wide variance between the plan mean (76%) and the weighted program mean (54%) can be accounted for by the three largest plans, Blue Cross HMO, Blue Shield HMO and Health Net, who all yielded rates below 50 percent.

HFP Subscribers Selecting verses Assigned a TSN Primary Care Physician

Table 2 compares the percentage of subscribers who selected or were assigned a TSN provider. It should be noted that while some health plans may assign primary care physicians to subscribers who do not select a primary care physician at the time of enrollment, subscribers are allowed to select a new primary care physician on at least a monthly basis.

In general, most HFP subscribers with a TSN primary care physician selected their primary care physician. The percentages of subscribers within each health plan who selected TSN providers ranged from 33 percent to 100 percent. The weighted average for all health plans was 81 percent, up 2 percentage points from the 1999 reporting year average of 79 percent.

The HFP application provides an opportunity for applicants to select their child's primary care provider. Information on providers in each plan's network is available directly from the health plans, from providers' offices and from the HFP website located at www.healthyfamilies.ca.gov. The website provides information (gender, language skills, specialty) on each health plan's providers.

Table 2

Health Plan	Assigned	Selected
Alameda Alliance	52%	48%
Blue Cross - HMO	3%	97%
Blue Shield - HMO	3%	97%
CalOptima	23%	77%
Central Cost Alliance	12%	88%
Community Health Group	43%	57%
Community Health Plan	29%	71%
Contra Costa Health	0%	100%
Health Net	1%	99%
Health Plan of San Joaquin	0%	100%
Health Plan of San Mateo	7%	93%
Inland Empire Health Plan	28%	72%
Kern Health Systems	48%	52%
LA Care	0%	100%
Molina	25%	75%
Santa Barbara RHA	0%	100%
Santa Clara Family Health	0%	100%
San Francisco Health Plan	67%	33%
Sharp Health Plan	31%	69%
UHP Health	24%	76%
Universal Care	50%	50%
Ventura County Health Sys	51%	49%
Total Program	19%	81%

Subscribers with a TSN primary care physician by plan type

The HFP health plan networks can be described through the following three general organizational categories:

✓ Local Initiatives (LI)

Local initiatives are prepaid health plans organized by a county government or by county governments of a region designated by the State, or organized by stakeholders of the designated region, and awarded a contract by the State. As a condition of contract award, the prepaid health plan agrees to include in its health care delivery system, any safety net provider physically located and operating within the designated region.

✓ County Organized Health Systems (COHS)

This is a local agency, with representation from providers, beneficiaries, local government, and other interested parties, created by the county Board of Supervisors to contract with the Medi-Cal program.

Beneficiaries are given a wide choice of providers within the COHS network; however, they can not obtain Medi-Cal services under the traditional fee for service system, except in limited circumstances.

✓ Commercial Plans

These are other commercial, non-governmentally operated Health Maintenance Organizations.

Table 3 summarizes the percent of HFP population with a TSN provider by plan type for the 22 plans that are included in this report.

Table 3

Plan Type	# Plans included in this study	% of Study Population	% Using TSN Provider
Local Initiative	8	17%	80%
County Organized Health System	4	7%	56%
Commercial	10	76%	49%

The *Local Initiatives* serve approximately 17 percent of the total HFP population included in this study, with 80 percent of subscribers within the Local Initiatives utilizing a TSN provider as primary care physician. Of the 80 percent who utilized a TSN provider, 75 percent selected a TSN provider and 25 percent were assigned.

COHS's service approximately 7 percent of the total HFP population included in this study. Fifty-six percent of COHS subscribers utilized TSN providers as their primary care physician. Of the 56 percent who utilized a TSN provider, 82 percent selected a TSN provider and 18 percent were assigned.

Commercial plans service the majority of subscribers included in this study (76 percent). Subscribers enrolled in commercial plans utilized TSN providers at a rate of 49 percent. Of the 49 percent, 17 percent were assigned and 83 percent selected a TSN physician.

SUBSCRIBER DEMOGRAPHICS

Data collected from the HFP member file was linked to the plan subscriber lists to generate a profile for the major ethnic, language and geographic demographics.

Subscribers with a TSN primary care \by ethnicity

Table 4 presents data on the percentage of children by major ethnic category that have a TSN provider as their primary care physician.

At least half of the Asian/Pacific Islander subscribers and Hispanic/Latino subscribers received primary care services from TSN providers.

Table 4

Ethnicity	% of Study Population	% with TSN Provider
Hispanic / Latino	61%	59%
Asian/Pacific Islander	15%	50%
White	11%	42%
African American	3%	43%
Other/ Did not Identify	10%	47%
American Indian/ Alaskan Native	<1%	43%

Summary of primary language for applicants with TSN providers for their subscribers

Table 5 presents data on the percentage of children that have a TSN provider as their primary care physician by primary language of the applicant. Based on the information obtained from the application, 61 percent of Spanish speaking households used a TSN physician as their primary care physician. The other major languages with TSN providers (English, Korean, Cantonese, Mandarin, and Vietnamese) were in the 40 to 50 percent range.

Table 5

Primary Language of Applicant	% of HFP Population	% with TSN Provider
Spanish	48%	61%
English	40%	47%
Chinese Languages*	3%	40%
Vietnamese	2%	49%
Korean	3%	42%

Other	4%	54%
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*Cantonese or Mandarin

Twenty-six (26) languages are included in the "Other" category for the HFP applicant primary language.

Regional summary of applicants with TSN providers for their subscribers

Table 6 presents data on the percentage of children that have a TSN provider as their primary care physician by region of residence of the applicant.

The geographic distribution of children with a TSN provider may be skewed by the heavy concentration of Local Initiatives that deliver services in the San Francisco/Bay Area.

Table 6

Region	% of Study Population	% with TSN Provider
Rural Counties	2%	46%
Central Valley Counties	15%	57%
San Francisco / Bay Area	10%	73%
Orange/Santa Barbara / Ventura	15%	44%
Los Angeles	39%	46%
San Diego / Riverside/ San Bernadino	19%	65%

SUMMARY

This report summarizes calendar year 2000 data for Healthy Families Program subscribers using TSN providers as their primary care physician. Based on the HFP population enrolled in the 22 plans utilizing the primary care physician model, **54 percent** either selected or were assigned to a TSN primary care physician, a **3 percent increase** over calendar year 1999 and an **16 percent increase** over 1998.

These positive changes reflect the increased efforts in attracting and recruiting TSN physicians by the participating plans, the effect of incentives provided

through the Community Provider Plan's \$3 discount, greater applicant education and increased flexibility in the application process relative to the choices available at the time of application and during enrollment.

Subscribers in the Local Initiative plans continue to use TSN primary care providers at a greater rate than the COHS and commercial plans. The HFP population in the San Francisco/Bay Area, a region with the highest number of Local Initiatives, continues to utilize TSN primary care physicians at a much higher percentage than the overall State.

As mentioned earlier and as shown in Exhibit A, overall results in this study *under-report* the involvement of TSN providers in serving HFP children. Blue Cross - EPO was the designated CPP (the health plan in each county that has done the best job of including TSN providers in its provider network) in over 50 percent of the counties, yet because they do not use a primary care physician model for delivery of services, they are excluded from the report. Based on Blue Cross' success in providing the HFP population with TSN providers, and its extensive coverage throughout the State, it can be estimated that the overall program score would be significantly higher if the Blue Cross-EPO data was included.

Although ethnicity and primary language may reveal some provider selection tendencies in the HFP population, these demographic factors are only a few among many influences that could affect choice when selecting a primary care provider. No directional changes can be presumed through the minor variations in the ethnicity and language demographics from 1999 to 2000.

Exhibit A presents the current CPP designations in each county.

Alameda	Alameda Alliance
Alpine	Blue Cross - EPO
Amador	Blue Cross - EPO
Butte	Blue Cross - EPO
Calaveras	Blue Cross - EPO
Colusa	Blue Cross - EPO
Contra Costa	Contra Costa Health Plan
Del Norte	Blue Cross - EPO
El Dorado	Blue Cross - EPO
Fresno	Blue Cross - HMO
Glenn	Blue Cross - EPO
Humboldt	Blue Cross - EPO
Imperial	Blue Cross - EPO
Inyo	Blue Cross - EPO
Kern	Kern Family Health Systems
Kings	Blue Cross - EPO
Lake	Blue Cross - EPO
Lassen	Blue Cross - EPO
Los Angeles	Community Health Plan
Madera	Blue Cross - EPO
Marin	Blue Cross - EPO
Mariposa	Blue Cross - EPO
Mendocino	Blue Cross - EPO
Merced	Blue Cross - EPO
Modoc	Blue Cross - EPO
Mono	Blue Cross - EPO
Monterey	Central Coast Alliance
Napa	Blue Cross - EPO
Nevada	Blue Cross - EPO
Orange	CalOptima
Placer	Blue Cross - EPO
Plumas	Blue Cross - EPO
Riverside	Inland Empire Health Plan
Sacramento	Blue Cross - HMO
San Benito	Blue Cross - EPO
San Bernadino	Inland Empire Health Plan
San Diego	Community Health Group
San Francisco	San Francisco Health Plan
San Joaquin	Health Plan of San Joaquin
San Luis Obispo	Blue Cross - EPO
San Mateo	Health Plan San Mateo
Santa Barbara	Santa Barbara Regional Health
Santa Clara	Santa Clara Family Health
Santa Cruz	Central Coast Alliance
Shasta	Blue Cross - EPO
Sierra	Blue Cross - EPO
Siskiyou	Blue Cross - EPO
Solano	Health Net
Sonoma	Health Net
Stanislaus	Blue Cross - HMO
Sutter	Blue Cross - EPO
Tehama	Blue Cross - EPO
Trinity	Blue Cross - EPO
Tulare	Blue Cross - EPO
Tuolumne	Blue Cross - EPO
Ventura	Ventura County Health
Yolo	Health Net
Yuba	Blue Cross - EPO